

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Telephone Number _____

Name of Person Filing

Braxley Buum

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Apprentices Local 208 JATC

Trade Name, if any:

Joint App. Training Comm.

P.O. Box, Bldg., Room No., if any

Street

16350 N Broadway

City

Denver

State

CO ZIP Code + 4 80216

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Completion Dinner
Committee Lunch

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Committee 5/21/04 63.00
Christmas Lunch 12/8/04 30.00

12.b. Amount.

93.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Part B

Name of Reporting Employer: Denver Pipefitters Joint Apprenticeship					File Number	
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Organizer	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name Bradley Buum P.O. Box, Building and Room Number, if any Street 6350 Broadway City Denver State Colorado ZIP Code + 4 80216-1035	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization Colorado State Pipe Trades P.O. Box, Building and Room Number, if any Street 229 E Moreno Ave City Colorado Springs State Colorado ZIP Code + 4 80903	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. None	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
05/21/2004 12/08/2004	63 30	Completion Dinner Committee Christmas Luncheon
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. Organizer's are invited to Annual Completion Dinner and Annual Christmas Luncheon.		